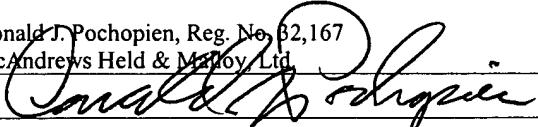
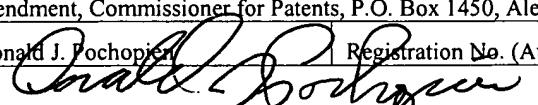




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TRANSMITTAL FORM		Application Number	09/897,728
(to be used for all correspondence after initial filing)		Filing Date	July 3, 2001
		First Named Inventor	Wironen, et al.
		Group Art Unit	1631
		Examiner Name	Smith, Carolyn, L.
Total Number of Pages in This Submission 16		Attorney Docket Number	1915/14001US01
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached - \$420.00 <input checked="" type="checkbox"/> Amendment And Response Under 37 C.F.R. §1.111 <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO 1449/08A with references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	
	<input type="checkbox"/> Drawing(s) (sheets)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information	
	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter	
	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Return-Receipt Postcard	
	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):	
	<input type="checkbox"/> Request for Refund		
	<input type="checkbox"/> CD Number of CD(s) _____		
		Remarks	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual Name	Donald J. Pochopien, Reg. No. 32,167 McAndrews Held & Malloy, Ltd.		
Signature			
Date	September 2, 2004		
CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 09/02/2004.			
Name (Print/type)	Donald J. Pochopien	Registration No. (Attorney/Agent)	32,167
Signature		Date	09/02/2004